

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000003506

1. Entity Name

SV/CENTRAL - DANIA PROPERTIES, INC.

**FILED**  
**Apr 01, 2002 8:00 am**  
**Secretary of State**

04-01-2002 90168 035 \*\*\*\*61.25

0091722

Principal Place of Business      Mailing Address  
STRATFORD POINT BLDG.      STRATFORD POINT BLDG.  
110 S. STRATFORD RD., 5TH FLOOR      110 S. STRATFORD RD., 5TH FLOOR  
WINSTON-SALEM NC 27104      WINSTON-SALEM NC 27104

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

56-2150947

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BUTT, JEFFREY D ESQ.  
401 EAST JACKSON STREET, SUITE 2700  
TAMPA FL 33602

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete  
NAME D  
STREET ADDRESS 3334 HEALY DR., STE. 301  
CITY-ST-ZIP WINSTON-SALEM NC 27103

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME D  
STREET ADDRESS 3520 TRIAD CT.  
CITY-ST-ZIP WINSTON-SALEM NC 27107

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☒ Delete  
NAME D  
STREET ADDRESS 3452 PAISLEY CIRCLE  
CITY-ST-ZIP ORLANDO FL 32817

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME Director  
STREET ADDRESS Anthony Edmonds  
CITY-ST-ZIP 645 Bayberry Hayman Ct  
Debury, FL 32713

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/26/02 336-728-3022  
Date Daytime Phone #

CR2E037 (9/01)